

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Modon Tague

2018 JAN 17 AM 10:00

18CV413

No.

Butcher

Jul 18 2008

Write the full name of each plaintiff.

(To be filled out by Clerk's Office)

-against-

**COMPLAINT**

(Prisoner)

MPD - Commissioner Jones

O'Neill

Do you want a jury trial?

☒ Yes ☐ No

Police Captain - John Doe #1

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

Modou Tagne  
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

241-18-00008

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

G.R.V.C.

Current Place of Detention

OS-09 Hazen Street  
Institutional Address

East Elmhurst, NY 11370  
County, City State Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

- ☒ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced prisoner
- ☐ Other: \_\_\_\_\_

**IV. DEFENDANT INFORMATION**

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: Police Captain John Doe #1  
 First Name Last Name Shield #  
police Captain  
 Current Job Title (or other identifying information)  
32<sup>nd</sup> precinct 250 West 135<sup>th</sup> Street  
 Current Work Address  
New York, NY 10030  
 County, City State Zip Code

Defendant 2:  
 First Name Last Name Shield #  
 Current Job Title (or other identifying information)  
 Current Work Address  
 County, City State Zip Code

Defendant 3:  
 First Name Last Name Shield #  
 Current Job Title (or other identifying information)  
 Current Work Address  
 County, City State Zip Code

Defendant 4:  
 First Name Last Name Shield #  
 Current Job Title (or other identifying information)  
 Current Work Address  
 County, City State Zip Code

**V. STATEMENT OF CLAIM**

Place(s) of occurrence: 135<sup>th</sup> Street b/w 7<sup>th</sup> and 8<sup>th</sup> Avenue

Date(s) of occurrence: September 6, 2017

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On or about 9/6/17 the defendant was arrested upon a Misdemeanor charge. The Police Captain that arrested the Petitioner arrested him without probable cause. When he arrested him he blew cigarette smoke in the Petitioner's face. The Petitioner's case was dismissed on or about December 2017. As a result of Petitioner's arrest, he lost his employment at Kresdale.

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

There were no physical injuries but  
Petitioner lost his freedom and lost his  
job as a result of the unlawful  
arrest.

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

Petitioner Request  
damages in the amount of  
punitive, compensatory and any  
damages the Court  
deems just and proper.

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

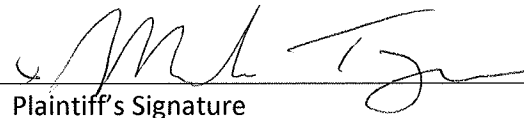
By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

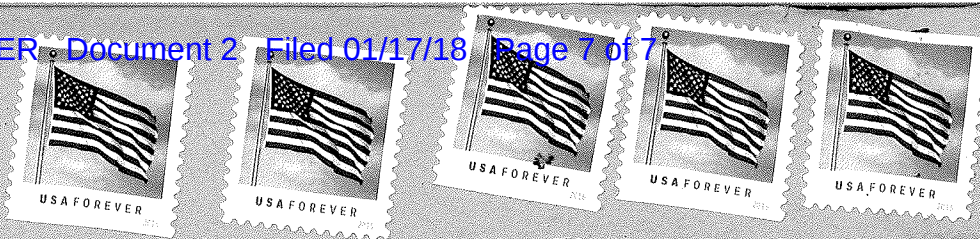
Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

January 6, 2018			
Dated		Plaintiff's Signature	
Modon		Tague	
First Name	Middle Initial	Last Name	
08-09	Hazen	Steeb	
Prison Address			
E. Elmhurst, NJ 11370			
County, City		State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

1/6/18





1370

USM  
P3  
SDNY

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U.S.D.C. - Southern District of NY  
500 Pearl Street  
New York NY 10007  
Attn: Pro-se Penic

Legal mail